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AUTHOR Orias, John; Leung, Lisa; Dosanj, Shikha; McAnlis, JoAnna; Levy, Gal; Sheposh, John P.

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ABSTRACT

Three studies were conducted to determine if goal striving level was related to accurate self-knowledge. The purpose of the research was to determine if the tendency of high strivers to confront stressful stimuli extends to self-evaluation processes. Three experiments were designed to investigate whether high strivers differ from low strivers in their inquires about possession of certain personality traits. It was reasoned that high strivers would choose more diagnostic questions in their quest for self-understanding. Study 1 tested the relationship between striving level and choice of diagnostic information. Self-esteem was measured as a moderating variable. Studies 2 and 3 also examined the relationship between striving and information preference; in addition, the motives underlying the self-evaluation process for high and low strivers are explored. Participants (N=106) first generated personal striving lists and then responded on a self-reflection task in which they selected questions about traits that varied in degree of diagnosticity. Instruments used included: Self Concept Clarity Scale (Campbell, et al., 1996); Self Esteem Scale (Rosenberg, 1965); and the Self-Evaluation Scale for Diagnosticity (Sedikides, 1993). Results from all three studies provide evidence that high strivers seek more diagnostic information than low strivers. Results from Study 2 and Study 3 suggest that self-verification is the strongest determinant of the self-evaluation process. (Author/EMK)

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Running head: Striving and Self-Evaluation

Personal Striving Level and Self-Evaluation Process

John Orias, Lisa Leung, Shikha Dosanj, JoAnna McAnlis, Gal Levy,

and John P. Sheposh

San Diego State University

For more information, please contact:

Dr. John Sheposh
(619) 594-6293

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ABSTRACT

Three studies were conducted to determine if goal striving level was related to accurate self-knowledge. Participants first generated personal striving lists and then responded on a self-reflection task in which they selected questions about traits that varied in degree of diagnosticity. Results from all three studies provide evidence that high strivers sought more diagnostic information than low strivers. Results from Study 2 and Study 3 suggest that self-verification was the strongest determinant of the self-evaluation process.

INTRODUCTION

In a series of studies, Emmons demonstrated that differing levels of personal striving - goals that a person tries to accomplish in his/her life - are related to psychological and physical well being (1992). He differentiated between high strivers as individuals who describe their goals in abstract ways, and low strivers as individuals who describe themselves in concrete ways. In general, he found that high strivers experience less physical illness, but more psychological stress, whereas low strivers experience more physical illness, but less psychological stress. Emmons speculated that high strivers are more self-reflective and emotionally aware and, therefore, more likely to deal directly with threat and uncertainty. In contrast, low strivers are more likely to adopt a repressive coping style.

The purpose of the research presented here was to determine if the tendency of high strivers to confront stressful stimuli extended to self -evaluation processes. Three experiments were designed to investigate whether high strivers differed from low strivers in their inquiries about possession of certain personality traits. The questions that people ask themselves when engaged in self evaluation can vary in terms of their diagnosticity. A high diagnostic question asks about behavior that is highly probable when a person possesses a particular trait (e.g. warm) and highly improbable when the person possesses the opposite trait (e.g. cold) (Sedikides, 1993). On the basis of Emmons' contention that high strivers are more self reflective than low strivers, we reasoned that high strivers would choose more diagnostic questions in their quest for self- understanding.

The main purpose of Study 1 was to test the relationship between striving level and choice of diagnostic information. A second purpose of Study 1 was to test if self

esteem (Rosenberg, 1965) and self -concept clarity (Campbell et al., 1996) moderated or mediated the relationship between striving and the desire for self diagnostic information.

The relationship between striving and information preference was also examined in Study 2 and Study 3. In addition, we were interested in exploring the motives underlying the self-evaluation process for high and low strivers. According to Sedikides (1993), self-evaluation can be influenced by three respective motives: (a) self - assessment – objective gathering of self -relevant information, (b) self-enhancement – positive enhancement of self- relevant information, (c) self-verification – affirmation of preexisting self -assessment. The extent to which individuals select diagnostic information for traits that are either central or peripheral to self-concept and that are either positive or negative would be indicative of the motivational basis for their decisions. Thus, in Study 2 and Study 3, participants engaged in self -reflection of traits that varied on a central-peripheral dimension and positive-negative dimension. According to Sedikides (1996), selection of higher diagnosticity questions when self-reflecting on peripheral rather than central traits is indicative of self assessment whereas the opposite is indicative of self verification. The selection of higher diagnosticity questions when self-reflecting on positive rather than negative traits is indicative of self-enhancement. The purpose of Study 1 and Study 2 was to provide data that specifies the relative influence of self-assessment, self-enhancement, and self-verification perspectives on the self-evaluation process and if high and low strivers differed in their respective self-assessment motives.

METHOD

Study 1

Similar to the procedure employed by Emmons, 106 university students generated lists of 10 personal strivings which they typically tried to achieve. For each of these strivings they rated the level of: (a) ambivalence they would experience if they attained the goal, (b) ambivalence they felt working toward the goal, (c) importance of the goal, and (d) difficulty required to achieve the goal. Three to five judges categorized the strivings as abstract or concrete. A striving ratio – the number of abstract goals divided by the total (10) – was generated for each subject.

The participants also completed: (a) Self-Concept Clarity Scale (Campbell, et al, 1996), which consisted of 12 statements rated on a 5 point scale ranging from strongly disagree to strongly agree, (b) Self-Esteem Scale (Rosenberg, 1965) which consisted of 10 questions rated on a 4 point scale from strongly disagree to strongly agree, (c) a modified version of the Self-Evaluation Scale for diagnosticity (Sedikides, 1993) where the participants were given a set of trait questions one half high in diagnosticity and the other half low in diagnosticity. The participants were asked to select the questions they considered most indicative of possession of a given trait. In the present study the traits of modesty, complaining, predictability and their opposites were used as stimulus material.

Study 2

The procedure employed in Study 2 and Study 3 for obtaining the participants' level of striving and type of self evaluation were the same as those employed in Study 1. The stimulus material in Study 2 differed from that in Study 1. Four different traits were used as stimuli; two central (kind, untrustworthy), and two peripheral (predictable,

complaining). For purposes of analysis, we defined high strivers as plus one standard error of the mean and above, and we defined low strivers as negative one standard error of the mean and below. There were 22 high strivers and 18 low strivers.

Study 3

Study 3 employed the same methodology as Study 2, however the traits participants evaluated were unkind, trustworthy, unpredictable, and uncomplaining. There were 11 low strivers (minus one standard error of the mean) and 27 high strivers (plus one standard error of the mean).

RESULTS

Study 1

Table 1 presents the inter-correlations for the striving and diagnosticity scores. A significant but modest correlation was obtained for these two variables. No relationship was found between Self Concept Clarity and Striving but correlational analyses revealed that individuals high in Self Concept Clarity reported significantly less ambivalence about achieving goals, less ambivalence about working toward the goal, and less difficulty in attaining the goals. A path analysis was performed on Self Concept Clarity, goal evaluations, and diagnostic information. The three goal assessment variables, in combination, significantly contributed to Self Concept Clarity which in turn was related to higher diagnosticity scores (see Figure 1).

Study 2

A 2 (high striving vs. low striving) x 2 (central vs. peripheral) ANOVA performed on the diagnostic scores produced two main effects: (a) High strivers selected significantly more diagnostic questions than did low strivers ($F\ 1,38 = 3.94$, $p = .05$), (b)

Both high and low strivers selected significantly more diagnostic questions for central traits than peripheral traits ($F\ 1,38 = 9.62$, $p < .01$). Figure 2 depicts the findings for the above analysis. There were no differences in selection of diagnostic information between positive and negative traits.

Study 3

Findings similar to those for Study 2 were obtained for Study 3. High strivers chose significantly more diagnostic information than low strivers ($F\ 1,36 = 4.43$ $p = < .05$) and the experimental participants sought more diagnostic information for central as opposed to peripheral traits ($F\ 1,36 = 20.59$, $p < .01$). Figure 3 presents the findings for the ANOVA. In contrast to Study 2, participant selected significantly more diagnostic information for negative traits ($M = 5.05$) than for positive traits ($M = 3.36$) ($F\ 1,36 = 8.68$, $p < .01$)

CONCLUSIONS

Results from all three studies provide evidence that high strivers seek more diagnostic information than low strivers. This finding is consistent with Emmons' (1992) contention that high strivers are more self reflective whereas low strivers tend to adopt a somewhat more repressive coping style. The absence of a significantly greater preference for information about positive traits in Study 2 and Study 3 is a strong indication that the self-assessment of the participants was not primarily influenced by concerns over self-enhancement. The fact that the both high strivers and low strivers selected higher diagnosticity questions when evaluating themselves on central rather than peripheral traits, suggests that self verification was the strongest determinant of the self evaluation process.

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Table 1

Correlations among Striving and Diagnosticity Scores (n=106): Study1

	1	2	3
Striving	--	.20*	.23*
Striving Importance		--	.21*
Diagnosticity Scores			--
Mean	.40	4.37	3.73
SD	.22	.84	1.83

*p < .05

**p < .001

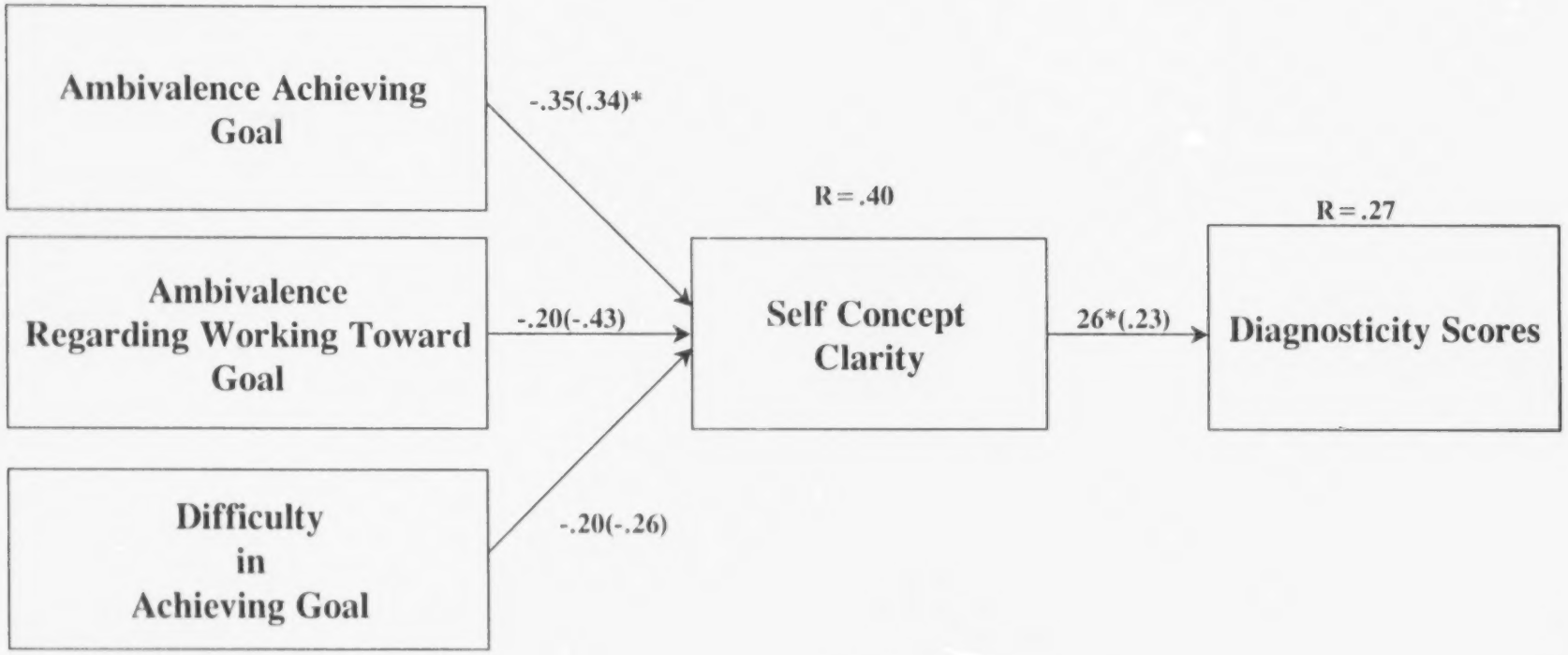

Figure 1. Study1: Path Model of Variables Associating Goal Ambivalence, Self Concept Clarity and Diagnosticity Scores.

*Correlations presented in parenthesis.

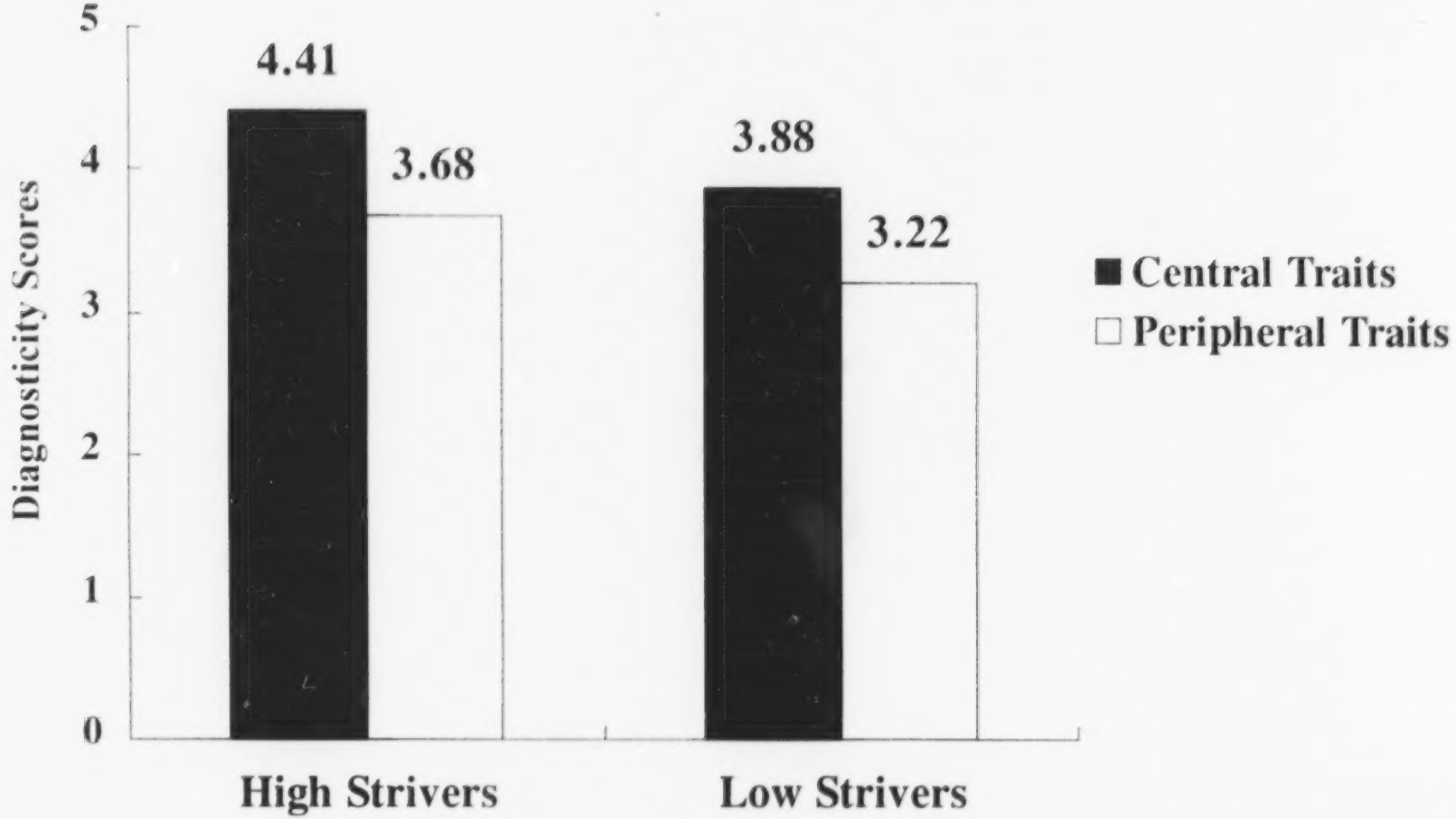

Figure 2. Study 2. High and Low Strivers Mean Diagnosticity Scores for Central and Peripheral Traits.

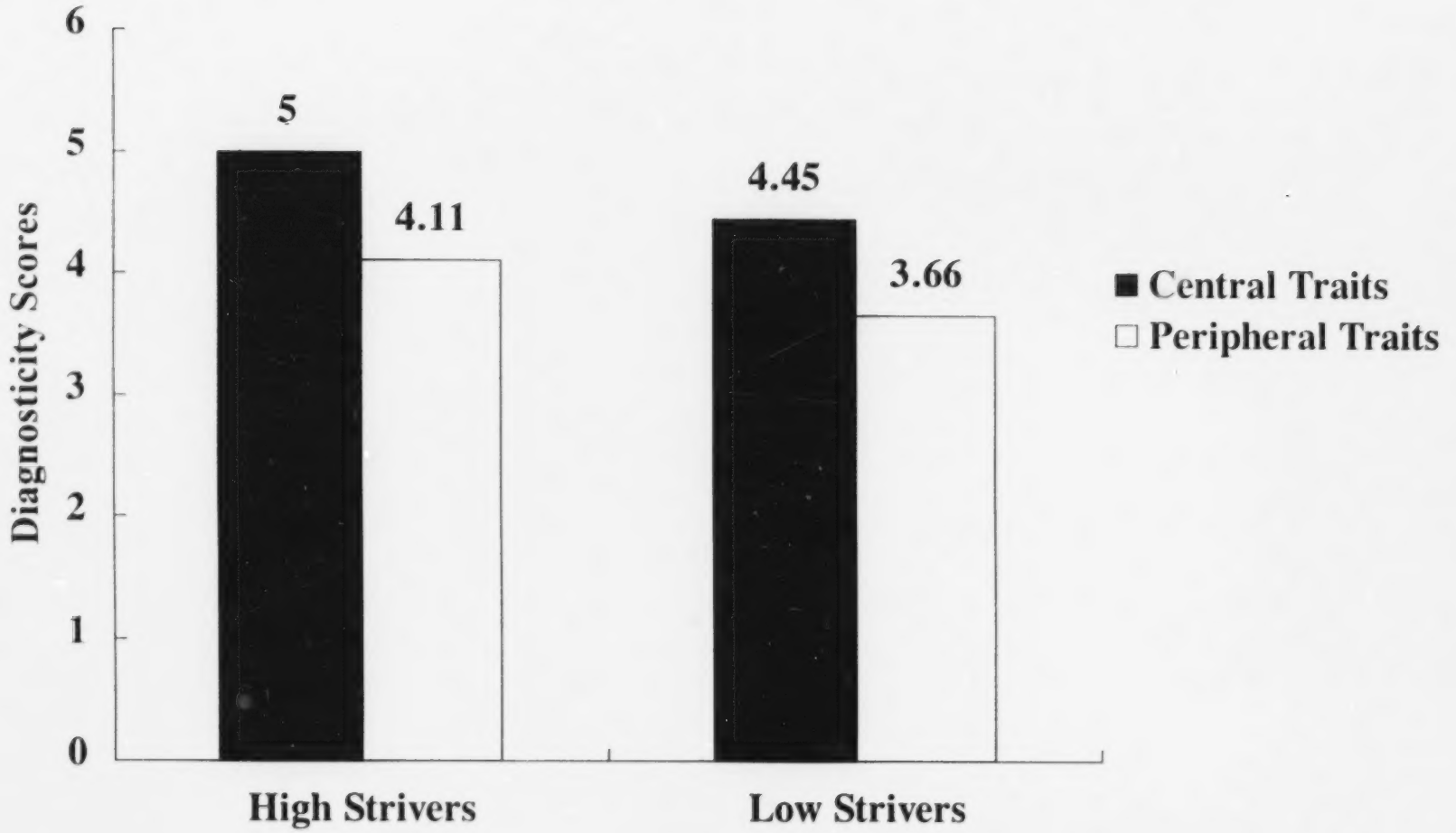

Figure 3. Study 3. High and Low Strivers Mean Diagnosticity Scores for Central and Peripheral Traits.